

| CLAIMS ONLY | | | | | | | Application Number 10586067 | | Filing Date | | | |
|-----------------|--|----------|--------|-----------------------|--------|------------------------|--------------------------------|---------------------------------------------------|-------------|--------|-------|--------|
| CLAIMS | | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | |
| | | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend |
| 10 | | 1 | | | | | | 51 | | | | |
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| Total Indep | | 1 | | | | | | Total Indep | | | | |
| Total Depend | | 18 | | | | | | Total Depend | | | | |
| Total Claims | | 19 | | | | | | Total Claims | | | | |